



2011-2012 DCPS BEFORESCHOOL PROGRAM ENROLLMENT PACKET
For Elementary School Students

School: _____

Coordinator: _____

Student Information

Full Legal Name: _____

Date of Birth: _____ Student ID #: _____ TANF Case #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Student Cell #: _____

Homeroom Teacher: _____ Grade: _____

Home Language: _____

Pick-Up Information Please check all options that apply:

<input checked="" type="checkbox"/>	My child may be picked up by any of the following people:		
<input type="checkbox"/>	Name	Relationship	Phone Number(s)
<input type="checkbox"/>	Name	Relationship	Phone Number(s)
<input type="checkbox"/>	Name	Relationship	Phone Number(s)
My child may walk home alone at _____ (time) unless otherwise specified.			

Contact Information

Parent/Guardian Name	Cell Phone	Work Phone
	Home Phone	Email
Emergency Contact Name	Cell Phone	Work Phone
	Home Phone	Email



Parent/Guardian Information DCPS must collect this information for federal reporting purposes.

Statements	
My child lives with one parent/guardian: _____ (name) _____ (relationship)	
My child lives with two parents/guardians: _____ (name) _____ (name)	

Release Information I agree to the terms written in the following statements:

Initials	Statements
	I hereby give permission for my child to participate in afterschool activities sponsored by DCPS.
	I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.
	I allow participating community based organizations and neighborhood based organizations to access my child's education records in order to help provide the most effective and comprehensive academic support.

_____ Check here if your child is a DCPS student and you provided residency verification in order to enroll your child in school.

Parent/Guardian Name: _____ Date: _____

Office of Out-of-School Time

1200 First Street, NE 8th Floor
Washington, DC 20002
202-442-5002
Afterschool.dcps@dc.gov

FERPA LETTER – Must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2011-2012 school year.

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS's sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name

Your Child's School